FORM D

BEST AVAILABLE COPY

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number: Expires: Nove	3235-0076 ember 30, 2001
Estimated average	burden

SEC USE ONLY								
Prefix				Serial				
_	DATE	REC	EIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Allegheny New Mountain Partners, L.P.								
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOB RECEIVED							
A. BASIC IDENTIFICATION DATA	NOV 0 9 2004							
1. Enter the information requested about the issuer	A CONTRACTOR OF THE CONTRACTOR							
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Allegheny New Mountain Partners, L.P. (the "Fund")	179/4							
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o New Mountain Investments II, L.L.C., 712 Fifth Avenue, 23 rd Floor, New York, New York 10019	Telephone Number (Including Area Code) (212) 720-0300							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)							
Brief Description of Business The Fund is organized to seek significant long-term capital appreciation through direct private equity and equity-related investments.								
Type of Business Organization	2 PROCESSE.							
□ corporation □ limited partnership, already formed □ other (please specify): □ business trust □ limited partnership, to be formed	O NOV 1 2 2004							
Actual or Estimated Date of Incorporation or Organization: Month 10 5 0 4 Actual Actual Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	Estimated THOMSON FINANCIAL							
GENERAL INSTRUCTIONS								

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA						
2. Enter the information	requested for the follow	ing:							
 Each pron 	noter of the issuer, if the	issuer has been organized wi	thin the past five years;						
 Each bene issuer; 	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
• Each exec	utive officer and director	of corporate issuers and of o	corporate general and manag	ing partners of parti	nership issuers; and				
• Each gene	eral and managing partne	r of partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, New Mountain Capital, L.	•								
Business or Residence Addr 712 Fifth Avenue, 23 rd Flo	ress (Number and Street, or, New York, New Yor	City, State, Zip Code) k 10019							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
New Mountain Investmen	ts II, L.L.C. (the "Gene	ral Partner" or "G.P.")							
Business or Residence Addr 712 Fifth Avenue, 23 rd Flo									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, Klinsky, Steven B. (of G.P									
Business or Residence Add		City, State, Zip Code)	·						
712 Fifth Avenue, 23rd Flo		· · · · · · · · · · · · · · · · · · ·							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, Ajouz, Michael B. (of G.P.	•								
Business or Residence Add 712 Fifth Avenue, 23 rd Flo	,	• • • • •							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, Collins, Adam J. (of G.P.)									
Business or Residence Add 712 Fifth Avenue, 23 rd Flo		· · - · · · · · · · · · · · · · ·							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, Flaherman, Michael T. (o	•								
Business or Residence Add	ress (Number and Street,	City, State, Zip Code)							
712 Fifth Avenue, 23rd Flo	or, New York, New Yo	rk 10019		···					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first Grusky, Robert R. (of G.I	•								
Business or Residence Add		City, State, Zip Code)							
712 Fifth Avenue, 23rd Flo		•							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENT	IFICATION DATA		
2. Enter the informatio	n requested for the followi	ng;			
		issuer has been organized wi	thin the past five years:		
•		-	•	of 10% or more of	a class of equity securities of the
issuer;	, , , , , , , , , , , , , , , , , , ,	ower to vote of dispose, of d	areat the vote of disposition	oi, 1070 oi moio oi	a class of equity social account of the
 Each exe 	cutive officer and director	of corporate issuers and of c	corporate general and manag	ing partners of partr	ership issuers; and
• Each ger	eral and managing partner	of partnership issuers.			
	[7] _			NZ	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
P. 1137 (7		-	· · · · · · · · · · · · · · · · · · ·		ivianaguig i artifor
Full Name (Last name firs Morgan, Thomas W. (of					
Business or Residence Add 712 Fifth Avenue, 23 rd Fl	lress (Number and Street,	City, State, Zip Code) k 10019			
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	, if individual)				
Singh, Alok (of G.P.)					
Business or Residence Ade	lress (Number and Street,	City, State, Zip Code)			
712 Fifth Avenue, 23rd Fl	oor, New York, New Yor	k 10019			
Charle Bau(as) that Amelia		Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name firs	i, if individual)				
Wargo, J. David (of G.P.)				
Business or Residence Ad-	dress (Number and Street,	City, State, Zip Code)			
712 Fifth Avenue, 23rd Fl	oor, New York, New Yor	k 10019			
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	iress (Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	lress (Number and Street	City State Zin Code)		- <u>-</u>	
	(Trainer and Street,	on, sand, 21p code,			
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t if individual)				
Ton Name (Last hame ms	i, ii maividuai)				
Business or Residence Ad	dress (Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Number and Street,	City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1					W 47	EOD:	ON ABOT	a Obline	NO					
					B. IN	FORMAT	ION ABOU	1 OFFERI	NG				YES	NO
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								•••••		\boxtimes				
2. V	Answer also in Appendix, Column 2, if filing under ULOE 2. What is the minimum investment that will be accepted from any individual?								\$10,000	,000*				
	* Subject to lesser amounts being accepted in the discretion of the General Partner.									·········				
_													YES	NO
											ny commission		\boxtimes	Ш
											ito be listed			
á	associated pe	rson or ag	gent of a br	oker or dea	ler registere	d with the S	SEC and/or	with a state	or states, li	ist the nam	e of the brok	er or		
	for that broke			ns to be lis	ted are asso	ciated perso	ns of such a	broker or d	ealer, you r	may set tor	th the inform	ation		
Full Na	me (Last na	me first, if	individual)		-						· · · · · · · · · · · · · · · · · · ·			
	edit Suisse F ss or Resider			and Street	City State	7in Code)				· · · · · · · · · · · · · · · · · · ·				
11	Madison Av	enue	•	and offeet,	ony, state, .	Lip Code)								
	w York, Nev		-											
Name	of Associated	Broker of	r Dealer											
States is	n Which Pers	on Listed	Has Solicit	ed or Intend	s to Solicit	Purchasers								
											🔀 All			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[wŋ	[WY]	[PR]		
Full Na	me (Last nan	ne first, if	individual)											
Bus	iness or Resi	dence Ado	iress (Numb	er and Stre	et, City, Star	te, Zip Code)							
Nan	ne of Associa	ted Broke	r or Dealer											
State	s in Which P	erson List	ed Has Soli	cited or Inte	nds to Solic	it Purchaser	s					.,,		
(Check	"All States"	or check in	ndividual St	ates)								States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA]	[ME]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[NM] [UT]	[NY] [VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (Last na	me first, if	findividual)						•					
D	siness or Res	idence Ad	drace (Nu-	har and Ca	at City St	ta 7in Cal	a)			<u> </u>				
Du	silies of Kes	idelice Ad	.ure22 (14mm	DEI AIIG SU	æi, City, Siz	ite, Zip Cod	E)							
Nai	me of Associ	ated Brok	er or Dealer	•										
State	s in Which P	erson List	ed Has Soli	cited or Inte	nds to Solic	it Purchaser	s						*	
(Chec	k "All States	" or check	individual	States)	•••••	•••••					🔲 A	All State	s	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MC [PA]		
[RI]	[SC]	[SD]	TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	-	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

•						_
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the					
	columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	Aggr	_		Amount	
	Date	Offerin	~		Already Sold	
	Debt		-0-	\$ \$	-0- -0-	_
	Equity		-0	э	-0-	_
	Common Preferred					
	Convertible Securities (including warrants)	\$	-0-	\$	-0-	
	•	\$ 1,500,	000,00	\$	100,000,000	
	(-F	\$	-0-	\$	-0-	_
	Total	\$ 1,500,	000,00	\$	100,000,000	
	Answer also in Appendix, Column 3, if filing under ULOE.					
2	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the					
۷.	aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who					
	have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer					
	is "none" or "zero."				Aggregate	
		Nun	ıber		Dollar Amount	
			stors	•	of Purchases	
	Accredited Investors		<u>. </u>	\$	100,000,000	_
	Non-accredited investors	N		\$	NA NA	_
	Total (for filings under Rule 504 only)	N	<u> </u>	\$	NA	_
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the					
	issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering	Тур	e of		Dollar Amount	
	· ·		irity	•	Sold	
	Rule 505	N		\$	NA NA	_
	Regulation A		<u> </u>	\$	NA	
	Rule 504		<u> </u>	\$	NA	_
	Total	N	A	\$	NA	_
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as					
	subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box					
	to the left of the estimate.					
	Transfer Agent's Fees	,		\$	-0-	
	Printing and Engraving Costs		. 🗵	<u> </u>	18,184	_
	Legal Fees			<u> </u>		-
	•		_	_	720,000	_
	Accounting Fees			\$	-0-	
	Engineering Fees			\$	-0-	
	Sales Commissions (specify finders' fees separately)			\$	4,500,000	
	Other Expenses (identify) travel, telephone, misc.		. 🛛	\$	192,598	_
	Total		. 🖂	S	5,430,782	
	- VWI		<u> </u>	Ψ.	- , . ,	

	expense furnished in response to Part C - (issuer."					\$ 1,494,569,	,218
5.	Indicate below the amount of the adjusted purposes shown. If the amount for any puthe estimate. The total of the payments response to Part C - Question 4.b above.	rpose is not known, furnish an estimate	and check the box to the left of	f			
				O: Dire	ments to fficers & filiates	Ps	nyments to Others
	Salaries and fees		×	\$	-0-		-0-
	Purchase of real estate		×	\$	-0-	<u> </u>	-0-
•	Purchase, rental or leasing and installation of	f machinery and equipment	×	\$	-0-	_ <u> </u>	-0-
	Construction or leasing of plant buildings ar	nd facilities	×	\$	-0-	_ <u> </u>	-0-
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e assets or securities of another	×	l s	-0-	⊠ s	-0-
	Repayment of indebtedness			\$	-0-	— — <u>— </u>	-0-
	Working capital		 	\$	-0-	_	-0-
	Other (specify) Portfolio Investments			\$	-0-	<u></u>	94,569,218
				\$	-0-	_	-0-
	Column Totals		×	\$	-0-	🛛\$1,4	94,569,218
•	Total Payments Listed (column totals added)			⊠ s	1,494,569	<u>),218</u>
		D. FEDERAL SIG	NATURE	•			
n und	suer has duly caused this notice to be signed ertaking by the issuer to furnish to the U.S. So credited investor pursuant to paragraph (b)(2	ecurities and Exchange Commission, up					
suer	(Print or Type)	Signature	Date	/ ^	104		
	eny New Mountain Partners, L.P.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11	<u>/05</u>	101		
	(Print or Type)	Title of Signer (Print of Type)	ı				
Steve	n B. Klinsky	Managing Member of the Gen	eral Partner of the Fund				
			,				
	N						
				•			•
	No.		·				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).